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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/753,766
		Filing Date	December 29, 2000
		First Named Inventor	Udo Walterscheidt
		Art Unit	2183
		Examiner Name	Barry J. O'Brien
Total Number of Pages in This Submission	7	Attorney Docket Number	42390P10124

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> - Chk in the amt of \$450.00 - Return postcard </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gregory D. Caldwell, Reg. No. 39,926 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 12, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Rachael Brown
Signature	
Date	November 12, 2004



FEET TRANSMITTAL for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

Complete if Known

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number **02-2666**
 Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	790	2001	395	Utility filing fee
1002	350	2002	175	Design filing fee
1003	550	2003	275	Plant filing fee
1004	790	2004	395	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)		

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	20**	= <input type="text"/> X <input type="text"/> = <input type="text"/>	
Independent Claims	3	= <input type="text"/> X <input type="text"/> = <input type="text"/>	

Multiple Dependent

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple Dependent claim, if not paid
1204	88	2204	44	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		

**or number previously paid, if greater. For Reissues, see below

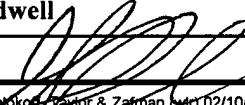
3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath			
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet			
2053	130	2053	130	Non-English specification			
1812	2,520	1812	2,520	For filing a request for ex parte reexamination			
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
1251	110	2251	55	Extension for reply within first month			110.00
1252	430	2252	215	Extension for reply within second month			
1253	980	2253	490	Extension for reply within third month			
1254	1,530	2254	765	Extension for reply within fourth month			
1255	2,080	2255	1,040	Extension for reply within fifth month			
1404	340	2401	170	Notice of Appeal			340.00
1402	340	2402	170	Filing a brief in support of an appeal			
1403	300	2403	150	Request for oral hearing			
1451	1,510	2451	1,510	Petition to institute a public use proceeding			
1452	110	2452	55	Petition to revive - unavoidable			
1453	1,370	2453	685	Petition to revive - unintentional			
1501	1,370	2501	685	Utility issue fee (or reissue)			
1502	490	2502	245	Design issue fee			
1503	660	2503	330	Plant issue fee			
1460	130	2460	130	Petitions to the Commissioner			
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
1806	180	1806	180	Submission of Information Disclosure Stmt			
8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))			
1801	790	2801	395	Request for Continued Examination (RCE)			
1802	900	1802	900	Request for expedited examination of a design application			
Other fee (specify)				power of attorney by assignee of entire interest			
SUBTOTAL (2)		(\$)					

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 450.00)

Complete (if applicable)

Name (Print/Type)	Gregory D. Caldwell	Registration No. (Attorney/Agent)	39,926	Telephone	(503) 439-8778
Signature				Date	11/12/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman LLP 02/10/2004.
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